County of Navajo

Political Committee
Termination Statement

[A.R.S §§ 16-914, 16-915.01, 16-904 (F)(2)]

For Office Use Only
11 MAY 2016 - AM 8:07
Navajo County Elections Div.
05/10/2016

1. Anna Atencio for Treasurer Committee
Full Name of Committee

P.O. Box 247
Address

Show Low | 85902 | Navajo | 928 248 8649
City | Zip Code | County | Phone #

2. Anna Atencio | amatencio@yahoo.com | none
Sponsoring Organization or Candidate and Office | E-mail Address | Fax #

3. ID # 16-025

SELECT THE BOXES THAT APPLY

A. ☐ This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. §16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. §16-915.01.

Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies.

☐ The disposition of surplus monies was submitted on the campaign finance report filed on

_____.

☐ The disposition of surplus monies is reported on the attached campaign finance report.

B. ☐ This committee hereby terminates all activity within the jurisdiction of

_____
(Insert applicable district, town, city, county, or, if out-of-state committee, State of Arizona)

and asserts that the committee intends to remain active in other jurisdictions and that the committee's remaining monies shall be used for activity in other jurisdictions.

C. ☐ This committee has transferred the committee's debts to a subsequent committee.

Please enter the full name and ID # of the committee into which debts and obligations have been transferred.

_____ _____
Name of Committee *ID #*

D. ☒ This committee did not exceed its five hundred dollar ($500) threshold limit in the election cycle in which it was formed. (A.R.S. § 16-904 (F)(2))

We, Anna Atencio Brad Carlyon,
(Name of Chairman and Treasurer - Printed)

certify under penalty of perjury that this statement of termination pursuant to A.R.S. §16-914 is true and complete.

_____ _____
Signature of Chairman Signature of Treasurer